PTO/S8/06 (08-03)
Approved for use through 7/3 1/2006, OMB 0651-0032
U.S. Patient and Tredemant Office; U.S. DEPARTMENT OF COMMERCE to a calculor of Information unitses & displays a vigid QMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY		OR	OTHER SMALL 6		
FOR	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	CFS Second	
BASIC FEE (37 CFR 1,16(a))	<b>60</b>			$\overline{}$		-	OR	. 12		
TOTAL CLAMS (07 CFR 1.16(4))	777	٠ 30 م	.(2)		X3		OR.	***	MI	
(ORDEPENDENT CLADAS (OT CFR 1.18(b))	71.	a 3 •	. 4		X 8 2		OR	.XQ	D	æ
MULTUPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+5		OR	+3=	$\Omega$	M
" if the difference in column 1 is less than zero, error "O" in column 2.					TOTAL		OR	TOTAL	1/)	74
CLAIMS AS AMENDED - PART II										2
// / / / / / / / / / / / / / / / / / /			(Column 2) (Column 3)		SMALL ENTITY		OR.	OTHER THAN SMALL ENTITY		2
l⊫l l'	CLAIMS REMAINING AFTER, MENDMENT	PR	NGHEST NUMBER EVIOUSLY VAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	VAILABLE COPY
Total or critical		TRUS "	024	-	x s =		OR	x sa		<b>F</b>
U U) C/79 (.tipp)	3 "	una	4	•—	x \$		OR	x 5=		0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))					+3=		OR	+4 =		l つ
11.1805					TOTAL ADDL FEE		OR	TOTAL ADD'L FEE		Ž
01000	(Column 1)		(Calumn 2) BGHEST	(Column 3)						
	REMAINING AFTER MENDMENT	PR	NUMBER VEVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
Total .		., enu	COXI	•	× 3 •		OR	(30)		-
Z tradependent or CFR 1.18ths CFR ST PRESENTATI	(3)	inus '**	4	• .	x s=		OR	201		]
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (17 CFR 1.18(0))					+1		OR	200		
11. ~~					ADD'L FEE		OR	ADD'L FEE		
4-26-0	SØ (Column 1)		(Column 2)	(Column 3)			_			]
O	CLAIMS REMAINING AFTER IMENDMENT	PF	HIGHEST NUMBER REVIOUSLY PAID/FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Trust Trust On Independent Or Or Or N. 18(4)		pura	12	1/	2 3 °	A	CR	x s	4	] '
Independent (D7 CFR 1.1503)	3	inus /	' Y		x 8		OR	x 3 o		]
FIRST PRESENTATI	+5 0		OR.	+ 5						
TOTAL ADDITEE OR ADDITEE										
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.     If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, order "20".     If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										

The "Highest Number Previously Paid For "I Intis or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.16. This collection is estimated to table 12 minutes to complete, including gathering, preparing, and submitting the completed application from the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form another suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Tredemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.